

Physician Attestation of Consumer Capacity

The following client is interested in directing his or her own services through Consumer Directed Attendant Support Services (CDASS) under a Colorado Medicaid Home and Community Based Services waiver. The client or Authorized Representative (AR) will be responsible for selecting, training and directing attendants to provide personal care, homemaker and/or health maintenance (skilled) care. To qualify for the benefit the client's primary care physician shall either attest to the client's capacity to direct care with sound judgment or if the client lacks this capacity, recommend the client utilize an AR.

NOTE: Sections of the Nurse Practice Act and Nurse Aide legislation do not apply to CDASS (25.5-6-1101 C.R.S.)

Section I: Client Information Section									
Client Medicaid Number:									
Last Name: _____		First Name: _____		Middle Initial: _____					
Street Address: _____									
City: _____			State: _____		Zip: _____				
Date of Birth: _____		Telephone: _____			Male <input type="checkbox"/>		Female <input type="checkbox"/>		

Section II: Medical Information
<p>The following questions address the stability of the client's medical condition. Only those clients whose medical conditions are considered stable are eligible to participate in the CDASS benefit. Stable health is defined as a medically predictable progression or variation of disability or illness.</p> <p>Does this client's health condition show signs of a predictable pattern of stability that would permit this client to use attendant support? (This allows for some variation consistent with a disease/illness progression or variation of disability). Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>The following considerations may characterize the client's condition. Any concern derived from consideration of any one or more of the following need not necessarily mean the client is unstable.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Answering 'NO' to any question below will require the client to utilize an AR to manage the CDASS benefit.</p> <p>Does this client have the capacity to understand and monitor conditions of basic health, and recognize how, when and where to seek appropriate medical assistance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does this client have the capacity to direct care including the ability to explain to attendant(s) the skilled/unskilled procedures or services needed? (This includes the capacity to monitor self-care related to a disability or chronic disease/illness.) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Does this client have the capacity to interview, hire, discipline, fire and otherwise manage attendants? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Does this client have the capacity to develop and maintain budgets, establish attendant wage schedules and adjust them as necessary to remain within defined limits?

Yes ☐ No ☐

Comments: _____

Section III: Medical Provider

Attesting Physician Name:		License #	
Phone:			
Address:			
City:		State:	
		Zip:	
Name of Person Completing this Form:		Date Completed:	
Signature of Attesting Physician:			
Medical Provider Comments: (optional)			